



RECEIVED

JAN 9 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County Harford  
City or town Harford Memorial Hospital  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Anne ArundelCity or town Tick Neck Rd. Pasadena, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. Tick Neck Rd. Pasadena, Md.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

GORDON RAY BRADLEY

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec 26, 1918

8. AGE:

Years

Months

Days

If less than one day

29024

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Chaplain

11. Industry or business

FATHER

12. Name

Edward S. Bradley

13. Birthplace

Maryland

MOTHER

14. Maiden name

Sallie M. Full

15. Birthplace

Maryland

16. Informant

Edward S. BradleyAddress Tick Neck Rd. Pasadena Md

17. Burial (Burial, cremation, or removal. Which?)

Date thereof

Jan 21/48  
(month) (day) (year)

Cemetery or crematory

Oaklawn

Location

Eastern Ave

18. Funeral director

Chas. W. BrownAddress 3615-17 Chestnut Ave19. Jan. 20 1948  
(Date rec'd by registrar)G. L. Lewis M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1948 at 7:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

3rd DEGREE BURNS  
HEAD - TRUNK - LEGS - ARMS

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 1/19/48Where did injury occur? W. EDGEWOOD HARFORD MD.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) ROUTE # 40Means of injury AUTO ACCIDENT Injured at work? YES

23. SIGNATURE

Address Abertown, Md. Date signed 1/20/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED  
JAN 24 1948  
BUREAU 3

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00542

### 1. PLACE OF DEATH:

County HARFORD  
City or town NEAR EDGEWOOD  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? —  
Hospital, institution, or street address where death occurred:  
ROUTE # 40  
How long in hospital or institution? —

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Anne Arundel  
City or town Upper Magathy  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Fish Creek Rd.  
(If rural, give LOCATION)  
2.(a) If veteran, name war —

### 3. (a) FULL NAME

Sallie M. BRADLEY

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Edward S. Bradley  
6.(c) If alive, give age 12 years  
7. Birth date of deceased (mo., day, yr.) May 5, 1894  
8. AGE: Years 53 Months — Days — If less than one day — hrs. — min.

9. Birthplace Md.  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business —  
12. Name George Tull  
13. Birthplace —  
14. Maiden name Sally Callis  
15. Birthplace —

16. Informant Edward S. Bradley  
Address Upper Magathy A.A. Co.  
17. Burial Date thereof Jan 20, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Oaklawn  
Location Eastern Ave.  
18. Funeral director Chenault & Son  
Address 3615-17 Chestnut Ave.

19. Jan 20 19 48 G. W. Tolson  
Date rec'd by registrar Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 19 19 48 at 10:05 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death 3<sup>rd</sup> DEGREE BURNS - ENTIRE BODY  
PARTIAL CARBONIZATION

Due to —  
Other conditions —  
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —  
Autopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

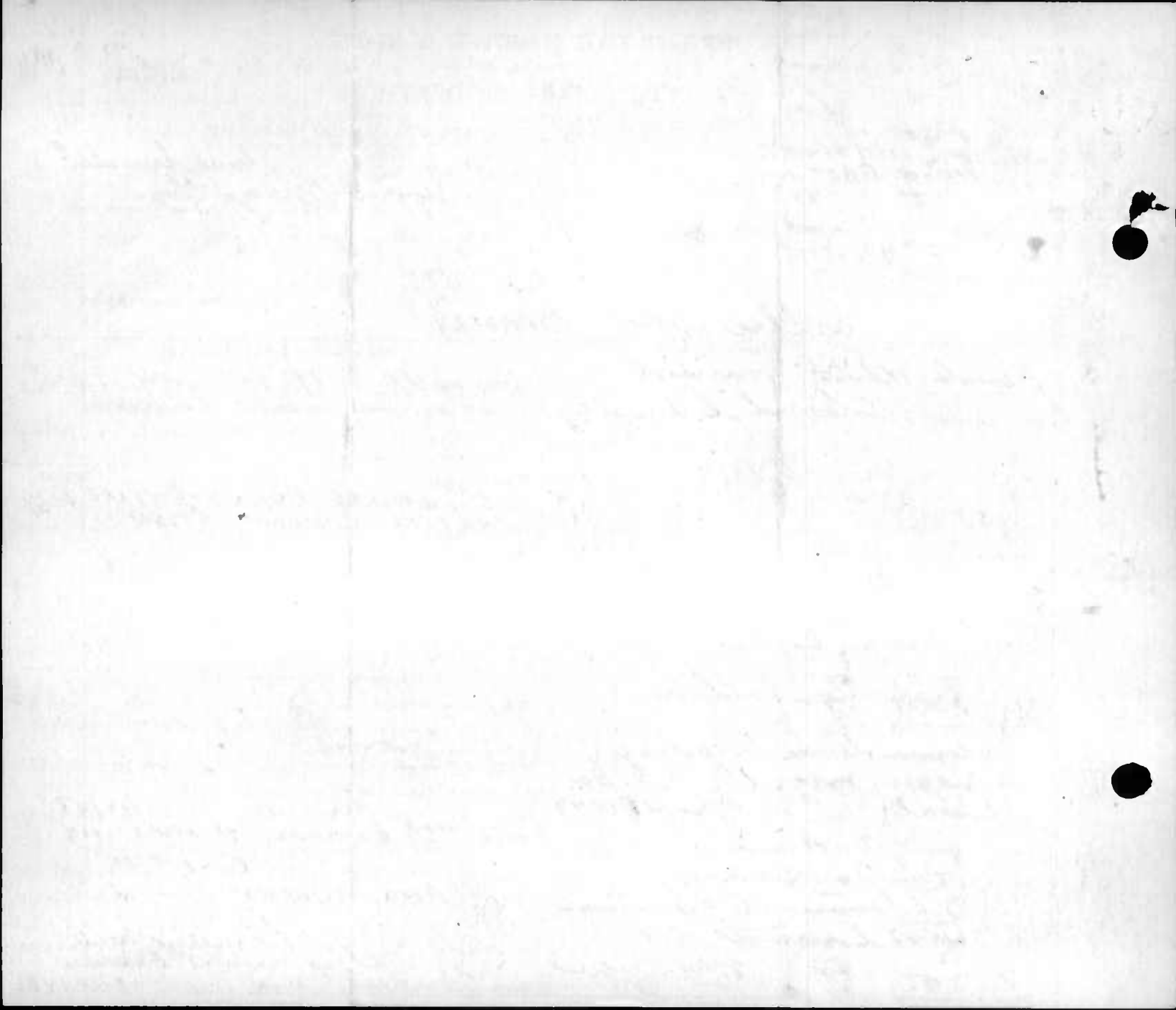
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ACCIDENT Date of 1/19/48  
Where did injury occur? NEAR EDGEWOOD HARFORD MD.  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) ROUTE # 40  
Means of injury AUTO ACCIDENT Injured at work? No

23. SIGNATURE J. H. Ramsey M.D.  
Address Aberdeen, Md. Date signed 1/20/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

### 1. PLACE OF DEATH:

County Hartford  
City or town HAVERDE GRACE  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 years  
Hospital, institution, or street address where death occurred:  
325 Strawberry Alley  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MARYLAND County Hartford  
City or town HAVERDE GRACE  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 325 Strawberry Alley  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Baby Branch

### 3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife NONE

7. Birth date of deceased (mo., day, yr.) JAN 18 1948 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
0 0 0 0 hrs. 5 min.

9. Birthplace HAVERDE GRACE, Hartford, Md.  
(Town, county, and state)

10. Usual occupation NONE

11. Industry or business NONE

12. Name EDWARD Leroy Branch

13. Birthplace Bridgetown, Delaware

14. Maiden name MARY Irene Deshields

15. Birthplace Winston Salem, N. Carolina

16. Informant MARY Irene Deshields Branch

Address 325 Strawberry Alley

17. Burial Date thereof Jan. 19 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. James Cmn

Location Haverde Grace Md.

18. Funeral director R. Madison Mitchell

Address Haverde Grace Md.

19. Jan. 19 19 48 G. L. Lewis M. D.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 18 19 48 at 1:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 18 19 48 to JAN 18 19 48

and that I last saw him alive on JAN 18 19 48

Immediate cause of death Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas L. Wilson, M.D.

Address 102 S. Union Ave Date signed 1-18-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not check age is especially important. Physicians: please write the causes of death clearly and accurately.





PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00544

Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County Harford  
 City or town Charlottesville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Charlottesville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 70  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

PORTEE EDMUND BRIDGEFORTH

## 3. (b) Social Security Number

No

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife None7. Birth date of deceased (mo., day, yr.) Jan. 20, 1948 6. (c) If alive, give age None years8. AGE: Years 9 Months 9 Days 9 If less than one day 9 hrs. 9 min.9. Birthplace Harford Co., Md.  
Town, county, and state10. Usual occupation None11. Industry or business None12. Name Edmund R. Bridgeforth13. Birthplace Richmond, Va.14. Maiden name Mary Thompson15. Birthplace Harford Co., Md.16. Informant Edmund R. BridgeforthAddress Street, Harford Co., Md.17. Burial Jan 31, 1948

(Burial, cremation, or removal. Which?) Date thereon (month) (day) (year)

Cemetery or crematory Clark's Chapel Cem.Location Harford Co., Md.18. Funeral director F. S. BaileyAddress Charlottesville, Md.19. Jan. 29, 48 M. G. Kirtle

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

Approx

20. DATE OF DEATH JAN. 29 19 48 at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 48

Immediate cause of death

Cerebral Hemorrhage

Due to

Unknown

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

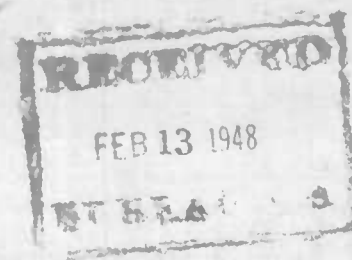
Injured at home, farm, industry, public place (where?)

Mean of injury

Injured at work?

23. SIGNATURE

Address Aberdeen, Md. Date signed 1/29/48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 182

1. PLACE OF DEATH  
County Harford  
City or town Darlington  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md County Harford  
City or town Darlington  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION) No  
2. (a) If veteran, name war.

3. (a) FULL NAME Wm. H. Crowe

3. (b) Social Security Number No

4. Sex Male 5. Color or race White 6. (a) Single, married, ~~widowed~~, or ~~divorced~~  
6. (b) Name of husband or wife Rose R. Crowe  
Aline 6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) May 11, 1873  
8. AGE: Years 74 Months 8 Days 11 It less than one day hrs. min.

9. Birthplace Harford Co., Md.  
Town, county, and state  
10. Usual occupation Farmer  
11. Industry or business Crop Farming  
12. Name Stephen Crowe  
13. Birthplace Ireland  
14. Maiden name Bridget Walsh  
15. Birthplace Ireland

16. Informant Mrs. Wm. H. Crowe  
Address Darlington Md.  
17. Burial Jan. 26, 1948  
(Burial, cremation, or removal to other place) Date thereof (month) (day) (year)  
Cemetery or crematory Mt. Erin Cem.  
Location Harri Hallgrove Md.  
18. Funeral director H. S. Bailey  
Address Darlington Md.  
Date rec'd by registrar Jan. 23, 1948 Registrar M. G. Kirk

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1948 at 5:30 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 1948 to Jan 22 1948  
and that I last saw him alive on Jan 22 1948  
Immediate cause of death Cerebral hemorrhage DURATION 3 days  
Due to Arterio sclerosis  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE L. P. Snodgrass M. D. or other  
Address Darlington Md Date signed 1/23/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 3 1948  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 181

## 1. PLACE OF DEATH:

County Harford  
 City or town Rural Cherdan  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Harford  
 City or town Rural Cherdan Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Cassan Run  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WWI

## 3. (a) FULL NAME

Cornas S. Dick

## 3. (b) Social Security Number

4. Sex male 5. Color or race White 8.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Ella Buckins  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Jan - 10 - 1883  
 8. AGE: Years 65 Months 11 Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dublin Harford Co  
 (Town, county, and state)

10. Usual occupation Saw mill operator

11. Industry or business

12. Name Isaac Dick

13. Birthplace Harford Co.

14. Maiden name Susan J. Griffith

15. Birthplace Harford Co Md

16. Informant Mr. Kenneth L. Dick

Address Cherdan Md. R.F. 5

17. Burial Date thereof Jan. 24 - 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Southern

Location Dublin Md

18. Funeral director Henry Tanning Home

Address Cherdan Md.

19. Jan 19 19 48 Kellie W. Riley  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 19 48 at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 40 to Jan 21 19 48

and that I last saw him alive on Jan 21 19 48

Immediate cause of death Cerebral Embolism DURATION 6 hrs

Due to Pneumonia & Heart disease

in terminal stage & insufficiency 30 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Ralph Holey MD M.D. or other

Address Chesapeake Md Date signed Jan 22

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FEB 4 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00546

181

## 1. PLACE OF DEATH:

County Harford  
 City or town Abersdeen  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About 30 yrs.  
 Hospital, institution, or street address where death occurred:  
508 E. Bellair Ave.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Harford  
 City or town Abersdeen  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 508 Bellair Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Ruth Merckow Dederick

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Dr. R. Verle Dederick  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 3, 1898  
 8. AGE: Years 49 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Princeton, N.J.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William W. Merckow

13. Birthplace Princeton, N.J.

14. Maiden name Katherine Anderson

15. Birthplace Princeton, N.J.

16. Informant Dr. R. Verle Dederick

Address 508 E. Bellair Ave. Abersdeen Md.

17. Removal Date thereof Jan. 25, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Princeton

Location Princeton, N.J.

18. Funeral director Henry Tarrington & Sons

Address Abersdeen, Md.

19. Jan 24 1948 Nellie Z. Riley  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21st 1948, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1942, to January 21, 1948

and that I last saw her alive on January 21, 1948

Immediate cause of death Cerebral embolism

## DURATION

1 day

Due to coronary thrombosis 1 day

Due to hypertensive cardiovascular disease 10 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wellert M.D.

M. D. or other

Address Same as previous Date signed Jan 23, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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FEB 4 1948

BUKES



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

### 1. PLACE OF DEATH:

County Harford  
City or town Street (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3.5 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford  
City or town Street Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Stella H. Dick

### 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Joshua Dick

7. Birth date of deceased (mo., day, yr.) Aug. 16 - 1875 6.(c) If alive, give age years

8. AGE: Years 72 Months 4 Days 23 If less than one day hrs. min.

9. Birthplace Harford Co. Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles M. Cannon

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden name Carrie V. Hopkins

15. Birthplace Phila. Pa.

16. Informant Sallie C. Carr

Address Street, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 12 - 1948  
(month) (day) (year)

Cemetary or crematory Emory Cemetery

Location Street, Md. R.D. 1

18. Funeral director Hubert P. Hopkins

Address Delta, Pa.

19. Jan. 11, 1948 M. H. Kirk

(Date rec'd by registry) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 9 1948 at 11:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11:30 p.m. January 9, 1948 to January 9, 1948 and that I last saw her alive on Jan. 9, 1948

Immediate cause of death Hypertensive cardiovascular disease DURATION 14 1/2 hrs.  
Cerebral hemorrhage

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Charles E. Kirk M.D.

Address Street, Md. Date signed 1-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 31 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH

County HarfordCity or town Harford  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yrs.Hospital, institution, or street address where death occurred:  
St. Francis VillaHow long in hospital or institution? 8 yrs.

## 3. (a) FULL NAME

Sister Mary Corcini (Bridget Flynn)

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Aug. 10 - 1867

## 8. AGE:

80 Years 5 Months 21 Days If less than one day - hrs. - min.

## 9. Birthplace

Ireland  
(Town, county, and state)

## 10. Usual occupation

Teacher

## 11. Industry or business

12. Name Thomas Flynn

## 13. Birthplace

Ireland

## 14. Maiden name

Bridget Gorman

## 15. Birthplace

Ireland

## 16. Informant

Hub. Records  
Address Harford17. Burial  
(Burial, cremation, or removal. Which?)Date thereof 2/3/48  
(month) (day) (year)

## Cemetery or crematory

Holy Redeemer

## Location

Baltimore, Md.

## 18. Funeral director

Funerary & Son  
Address Harford19. Feb. 219 48 G. L. Lewis  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford  
(If outside city or town limits, write RURAL and give nearest town)Street No. Commerce & Market  
(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 19 48 at 6:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 19 46 to Jan 31 19 48  
and that I last saw him alive on Jan 31 19 48

Immediate cause of death

Chronic Valvular  
Disease of Heart

Due to

Coronary Atherosclerosis  
Cerebral Hemorrhage

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles J. Foley M.D. or other  
Address Harford Date signed 2/3/48

RECEIVED  
FEB 5 1948  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 181 00550

## 1. PLACE OF DEATH:

County Harford  
 City or town Rural Haride Grace  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 mo  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State New York County \_\_\_\_\_  
 City or town Brooklyn  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) if veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sarah Sloak Glidden

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband Robert S. Glidden  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) June 19-1857  
 8. AGE: Years 90 Months 7 Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Brooklyn N. Y.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER 12. Name Fredenard Sloak

13. Birthplace Brooklyn N. Y.

MOTHER 14. Maiden name Catherine E. Cogan

15. Birthplace N. Y.

16. Informant Mrs. Katherine G. Kennedy

Address Bene de Grace Rd. R. 2

17. Burial Date thereof Jan. 19-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory \_\_\_\_\_

Location Brooklyn N. Y.

18. Funeral director Henry Tanning Sons

Address Chickadee Rd.

19. Jan 19 19 48 Nellie H. Riley  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 19 48 at 2:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 46 to Jan 18 19 48

and that I last saw him alive on Jan 17 19 47

Immediate cause of death acute congestive heart failure

DURATION 2 days

Due to Cardio Renal Vascular disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. C. Dulaney M. D. or other \_\_\_\_\_

Address abundien Date signed Jan 19, 1948

RECEIVED

FEB 4 1948

STILL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00551

182

## 1. PLACE OF DEATH:

County..... Hartford  
 City or town..... Forest Hill Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John D. Grafton

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife.....

✓

7. Birth date of deceased (mo., day, yr.)

Sept 3 - 1998

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

49

..... hrs. .... min.

9. Birthplace.....

Forest Hill, Rural  
(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

FATHER

12. Name.....

Frank R. Grafton

13. Birthplace.....

MD

14. Maiden name.....

Levina Thomas

15. Birthplace.....

MD

16. Informant.....

Mrs. Maud G. Robinson

Address.....

Forest Hill, MD

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

July 5/98  
(month) (day) (year)

Cemetery or crematory.....

Central Methodist

Location.....

Forest Hill, MD

18. Funeral director.....

Joseph J. Foster

Address.....

6321 Ave. 1st

19.

(Date rec'd by registrar)

19

1/3 48 Potomac

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

MD

County.....

Hartford

City or town.....

Forest Hill, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

January 2

19

88 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him..... alive on.....

19

Immediate cause of death.....

DURATION

Coronary InsufficiencyDue to Chronic myocarditis& myocardial Insufficiency

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Dr. Ramsey, M.D.

Address.....

1001 N. Charles St., Baltimore, Md.

Date signed.....

1/2/98



RECEIVED

JAN 6 1948

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00552

182

## 1. PLACE OF DEATH:

County.....Harford

City or town.....Bel-air Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

JOHN GREEN

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Sarah T. Green

7. Birth date of

deceased (mo., day, yr.)

Nov. 15, 1858

B. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

It less than one day

89

2

11

hrs.

min.

9. Birthplace

Baltimore Co., Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

On Farm

FATHER

12. Name

Samuel Green

13. Birthplace

Penn

14. Maiden name

Amelia Wheeler

15. Birthplace

Penn

16. Informant

Address

Howard Marklin

White Hall, Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

H. S. Bailey

Baltimore, Md.

19. (Date rec'd by registrar)

19. 48

M. G. Kirk

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Harford

City or town

Bel-air Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 26

19. 48

at 9:15 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 24

19. 48

to Jan 26

19. 48

and that I last saw him alive on

Jan 26

19. 48

Immediate cause of death

LABOR (Hypostatic)

DURATION

3 da

Due to

Terminating a

Due to

Pneumonia

Other condition

Ch. Hypertensive Cardio-

Sclerotic Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Seaward P. Hudson

M. D. or other

Address

Forest Hill, Md.

Date signed

1/27/48

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FEB 13 1948

ST. LOUIS - 2

Evidence for the additions

made on this certificate **MARYLAND STATE DEPARTMENT OF HEALTH**  
shown on G 114 1/20/48

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 180

## 1. PLACE OF DEATH:

County Balto Harford  
City or town Edgewood  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Turnbull Road

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford  
City or town Edgewood  
(If outside city or town limits, write RURAL and give nearest town)Street No. Turnbull Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mr James B Hall

## 3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White married

6.(b) Name of husband or wife Mrs V Hall7. Birth date of deceased (mo., day, yr.) Oct. 2, 1876  
5.(c) If alive, give age years8. AGE: Years Months Days If less than one day  
71 3 13 hrs. min.9. Birthplace md, Baltimore  
(Town, county, and state)10. Usual occupation Post Office11. Industry or business Retired12. Name James B. Hall13. Birthplace Balto, md14. Maiden name Agnes M. Clark15. Birthplace Balto, md16. Informant Mrs Mae V HallAddress Turnbull Road Edgewood md17. Cremation Date thereof Jan 20/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory London ParkLocation Balto18. Funeral director William Funeral HomeAddress 2008 Orleans St19. 1/10 19 48 W. Hedrick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 19 48 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept 20 of Aug 19 47 to Jan 16 19 48  
and that I last saw him alive on Jan 16 19 48Immediate cause of death coronary occlusion  
DURATION 2 days

Due to

Due to

Other conditions arthritis deformans  
5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm O Hodous md  
M. D. or otherAddress Edgewood, md Date signed 1-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00553

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1579 00554 181

## 1. PLACE OF DEATH:

County HarfordCity or town Aberdeen, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Station Hospital, APG, Md.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Havre de Grace  
(If outside city or town limits, write RURAL and give nearest town)Street No. R. F. D. #1  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

RICHARD ARNOLD HARWELL

## 3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 8, 1947

8. AGE: Years Months Days If less than one day

2 mo. 2 11 hrs. min.9. Birthplace Aberdeen, Harford, Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John Olen Harwell13. Birthplace Alabama14. Maiden name Elba Elise Baxter15. Birthplace Glennville, Georgia16. Informant John Olen HarwellAddress RFD #1, Havre de Grace, Maryland17. Buried Date thereof Jan. 21 - 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Location Sarmanah Co18. Funeral director Henry Tanning SonsAddress Chesden Md19. 1/21 19 48 Nellie H. Riley  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 20 January 19 48 at 1340 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
0630 hours-20 Jan 1948 to 1340 hr-20 Jan 48and that I last saw him alive on 20 January 1948, 1340 hoursImmediate cause of death Hernia, inguinal  
strangulated. DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Hernia, inguinal strangulated

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George Ruane MD M.D. or other

Address Date signed

RECEIVED  
FEB 2 1948  
BUREAU V

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

### 1. PLACE OF DEATH:

County Harford  
City or town Harford  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Harford Memorial Hospital  
How long in hospital or institution? 3 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Harford  
City or town Same as residence  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Green St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Mr. George W. Hines

### 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Margaret M. Hines  
7. Birth date of deceased (mo., day, yr.) Oct. 3, 1868  
8. AGE: Years 79 Months 3 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Port Deposit, Cecil, Md.  
(Town, county, and state)  
10. Usual occupation Engineer retired.  
11. Industry or business Filter Plant  
12. Name Walter Hines  
13. Birthplace Cecil Co., Md.  
14. Maiden name unknown  
15. Birthplace Md.

16. Informant Mrs. George W. Bailey  
Address Huntington, West Va.  
17. Burial Date thereof Jan. 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Hopewell  
Location Port Deposit, Md. Rural  
18. Funeral director Lee A. Patterson & Son  
Address Perryville, Md.  
19. Jan. 7 19 48 G. L. Lewis M.D.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 5th 19 48 at 6:40 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 3rd 19 48, to Jan 5th 19 48  
and that I last saw him alive on Jan 5th/48  
Immediate cause of death Crown artery heart disease  
DURATION \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)  
Major findings of operations none Date of op. \_\_\_\_\_  
Autopsy results none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
23. SIGNATURE John F. Noguera M.D.  
Address Hospital - Harford Date signed 1-5-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 12 1948

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 83d 00550 182

## 1. PLACE OF DEATH:

County HarfordCity or town Joppa md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarfordCity or town Joppa  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mrs Jennie Hoffman

## 3. (b) Social Security Number

4. Sex Female 5. Color or race W 6.(a) Single, married, or divorced Widowed6.(b) Name of husband or wife Christophers

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 22, 18888. AGE: Years 59 Months 8 Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace New Brunswick Canada  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

16. Informant Evelyn MastAddress Joppa md17. Buried Date thereof 1/12/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mountain ChristianLocation Joppa mdKoenigsberg & Gross18. Funeral director Benson md

Address \_\_\_\_\_

19. 1/10 48 O'fourwood  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1948 at 5 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1948 to Jan 9 1948and that I last saw her alive on Jan 9 1948

Immediate cause of death \_\_\_\_\_

hemiplegiaDue to Essential hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

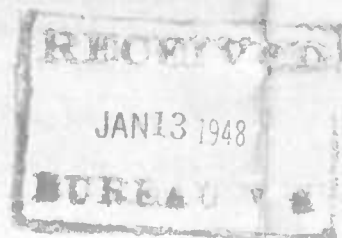
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Red A Hodous m.d.Address Edgewood md Date signed 1-9-48





*Handwritten:*  
Humphreys  
Crawford

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 183

## 1. PLACE OF DEATH:

County HarfordCity or town Harborsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarfordCity or town Harborsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ernest Albert Hunsbarger

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Oscar Hunsbarger7. Birth date of deceased (mo., day, yr.) June 18 1875 6. (c) If alive, give age 75 years8. AGE: Years 72 Months 6 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Harford Co md  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Housewife12. Name Jason Mitchell13. Birthplace Harford Co md14. Maiden name Lord & Hollingshead15. Birthplace Harford Co md16. Informant John Walter SmithAddress Rayn Pine Rd17. Burial Date thereof Jan 13 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Methodist BurLocation Tram Grove Rd18. Funeral director Harward WebbAddress Tram Grove Rd19. Jan. 13 1948 Thomas R Brown  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1948 at 9:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1945 to Jan 10 1948 and that I last saw him alive on Jan 9 1948Immediate cause of death Septicemic Pancyand GangreneDue to Diabetes

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ernest W. Lee md M. D. or other \_\_\_\_\_Address Stuartstown Rd Date signed Jan 11 48

RECEIVED

JAN 15 1948

BT REA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County HarfordCity or town Navre de Grace  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

358 Bourton St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County HarfordCity or town Navre de Grace  
(If outside city or town limits, write RURAL and give nearest town)Street No. 358 Bourton St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Ella Elizabeth Hyland

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Wm. C. Hyland

## 7. Birth date of

deceased (mo., day, yr.)

Jan. 11, 1867

6. (c) If alive, give age: \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

8101

hrs.

min.

## 9. Birthplace

Cecil Co. Md.  
(Town, county, and state)

## 10. Usual occupation

House Duties

## 11. Industry or business

Retired

## FATHER

## 12. Name

John Boyer

## 13. Birthplace

Cecil Co. Md.

## MOTHER

## 14. Maiden name

Louisa Boyer

## 15. Birthplace

Md.

## 16. Informant

Mrs. Emma F. Barnhardt

## Address

358 Bourton St. City.

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 14, 1948  
(month) (day) (year)

## Cemetery or crematory

Angel Hill

## Location

Navre de Grace, Md.

## 18. Funeral director

R. Madison Mitchell

## Address

Navre de Grace, Md.

## 19.

Jan. 13

19

48G. L. LewisReg.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Jan. 12, 1948 at 3:45 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 3, 1946 to Jan. 12, 1948

and that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

## Immediate cause of death

## DURATION

## Due to

Carcinoma of Stomach

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address

Date signed

1-13-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 181

## 1. PLACE OF DEATH:

County HartfordCity or town Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years.

Hospital, institution, or street address where death occurred:

100 Park St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HartfordCity or town Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

Street No. 100 Park Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

DR. GEORGE BERLIN JASTRAM

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Alta Larson7. Birth date of deceased (mo., day, yr.) March 24, 19136. (c) If alive, give age 31 years

## 8. AGE:

Years

34

Months

10

Days

If less than one day

hrs. min.

9. Birthplace Hamilton, Ill.

(Town, county, and state)

10. Usual occupation Medical Doctor

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

16. Informant Mr. George D. Jastram

## Address

## Removal

17. (Burial, cremation, or removal. Which?) RemovalDate thereof Feb. 3, 1948

## Cemetery or crematory

## Location

West Stockbridge MassWest Stockbridge MassWeney Tarrington & Sons18. Funeral director Aberdeen, Md.

## Address

Feb. 219. 1948

(Date rec'd by registrar)

Registrar Nellie H. Ciley

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948, to 1948and that I last saw him alive on 1948

Immediate cause of death

CORONARY OCCLUSION

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE J. D. Ramsey M.D.Address Aberdeen, Md.Date signed 2/1/48

RECEIVED

FEB 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 00561 182

## 1. PLACE OF DEATH:

County Harford  
 City or town Near Bel Air, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 23 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Harford  
 City or town Bel Air Md - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

A. James Johnson

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W. I. S. & D.

6. (b) Name of husband or wife Mary Effie Sparks

7. Birth date of deceased (mo., day, yr.) Feb 8 - 1861

8. AGE: Years 86 Months Days It less than one day hrs. min.

9. Birthplace Asheboro, N.C.  
 (Town, county, and state)

10. Usual occupation Retired (Farmer)

## 11. Industry or business

12. Name Alfred Johnson

13. Birthplace N.C.

14. Maiden name Mary Spicer

15. Birthplace N.C.

16. Informant Mrs. Roland Hamilton

Address Bel Air, Md

17. Burial Date thereof Jan 19 / 48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Zion Methodist

Location Fontaine Green

18. Funeral director Joseph T Foster

Address Bel Air, Md

19. 1/17 48 P. J. Woodward  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1948 at 12 G M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1947 to Jan 17 1948

and that I last saw him alive on Jan 16 1948

Immediate cause of death Cerebral  
hemorrhage

Due to Cerebral hemorrhage

Due to Cerebral hemorrhage

Other conditions Cerebral hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operation Cerebral hemorrhage

Autopsy results Cerebral hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of

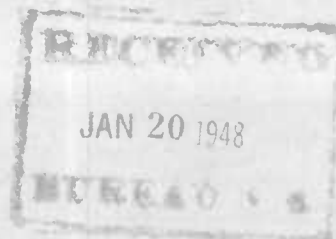
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Woodward M. D. or other  
 Address Darlington Md Date signed 1/17/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185

00560

## 1. PLACE OF DEATH:

County HARFORD  
 City or town HAVERDE GRACE  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

HARFORD MEMORIAL Hospital

How long in hospital or institution?

2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
 City or town Haverde Grace  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 511 Alliance Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Johnson, Jacqueline (Cromwell)

## 3. (b) Social Security Number

Baby

4. Sex

F

5. Color or race

# e

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

2-8-47

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min

9. Birthplace

Haverde Grace Ind.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER  
FATHER

12. Name

Charles Cromwell

13. Birthplace

516 Young St. Haverde Grace

14. Maiden name

Annetta Johnson

15. Birthplace

511 Alliance St. Haverde Grace

16. Informant

Annetta Johnson

Address

511 Alliance St. Haverde Grace17. Burial

Date thereof

1-10-48

(Burial, cremation, or removal, Which?)

Cemetery or crematory

St. James Cemetery

Location

Haverde Grace Ind.

18. Funeral director

Elmer E. Buller

Address

556 W. Lewis St. H-de-H. Md.

19. Jan. 19

19 48

G. L. Lewis m. d.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 19 48 at MSP21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16 19 48 to January 17 19 48and that I last saw her alive on January 17 19 48

Immediate cause of death

Acute Pulmonary Edema

DURATION

4 hours

Due to

Primary Pneumonia1 day

Due to

Excess Excretion2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

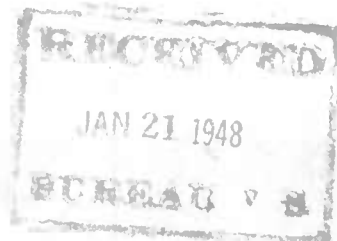
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Tom McRobert M.D.Address Haverde Grace Date signed Jan 17



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

00562

## 1. PLACE OF DEATH:

County HarfordCity or town Harford  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial HospitalHow long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HarfordCity or town Perryman  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Flossie Kenly

## 3. (b) Social Security Number

4. Sex

F.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

U

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6-16-29

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

187

Days

If less than one day

hrs.

min.

9. Birthplace \_\_\_\_\_  
(Town, county, and state)Perryman Harford Co. Md.

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

George E. Kenly

13. Birthplace

Perryman Md.

14. Maiden name

Hattie J. Hollingsworth

15. Birthplace

Perryman Md.

16. Informant

Hattie J. Kenly

Address

Perryman Md.

17. (Burial, cremation, or removal, Which?)

Date thereof

Feb. 2, 1948  
(month) (day) (year)

Cemetery or crematory

Union M. E.

Location

Near Aberdeen, Md.

18. Funeral director

Henry Sarringer & Sons

Address

Aberdeen Md.19. Feb. 1 1948  
(Date rec'd by registrar)G. L. Lescroart M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 27-48 1948 to Jan. 29, 1948and that I last saw him alive on Jan. 29-48 1948

Immediate cause of death

massive pneumonia - left lung

DURATION

Due to

Due to

Other conditions

Decompensated heart3 mos. pregnancy  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

John F. Hognera MD

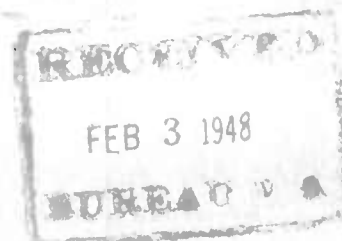
M. D. of other

Address Hospital - Harford Date signed Jan 29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 183

## 1. PLACE OF DEATH:

County HARFORD  
 City or town RURAL - Pylesville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 73 yrs.  
 Hospital, institution, or street address where death occurred: RURAL ADDRESS - PYLESVILLE MD  
 How long to hospital or institution?                     

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MARYLAND County HARFORD  
 City or town RURAL - PYLESVILLE  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. BETWEEN S FORKS + NORRISVILLE  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war                     

## 3. (a) FULL NAME

CATHERINE ALICE KENT

## 3. (b) Social Security Number

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife GRIER BANKHEAD KENT 8. (c) If alive, give age DECEASED

7. Birth date of deceased (mo., day, yr.) SEPT. 16, 1854

8. AGE: Years 93 Months 4 Days 12 If less than one day                      hrs.                      min.

9. Birthplace WHITEFORD, HARFORD, MD.  
 (Town, county, and state)

10. Usual occupation HOUSE WIFE

11. Industry or business                      (F)

12. Name JOHN WHITEFORD

13. Birthplace Unknown

14. Maiden name ELLEN JONES

15. Birthplace Unknown

16. Informant MRS. MARY K. RICHARDSON

Address PYLESVILLE, MD.

17. Burial Date thereof Jan 31, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Shady Ridge

Location Delta Pa

18. Funeral director St Thomas North

Address Frank Grove Pa

19. Jan. 31 1948 Thomas R. Brown  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 28, 1948 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July - 1947 to JANUARY 15, 1948

and that I last saw her alive on JANUARY 15, 1948

Immediate cause of death Coronary

occlusion

Due to Arteriosclerosis

Due to                     

Due to                     

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.                     

Autopsy results                     

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                      Date of                     

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury                      Injured at work?                     

23. SIGNATURE Charles C. Neff

Address Street, Md. M. D. or other                     

Date signed Jan. 28 1948

MARGIN RESERVED FOR BINDING

VS A15

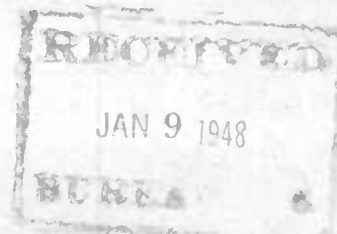
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 2 1948  
SERIAL



Address Edgewood Md Date signed Jan 2 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00565 181

## 1. PLACE OF DEATH:

County HarfordCity or town Rural Harford Grace  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Grace R.D. #1

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarfordCity or town Rural Harford Grace  
(If outside city or town limits, write RURAL and give nearest town)Street No. Harford Grace R.D. #1

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles Richard Lilley

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Agnes Alberta Lilley6. (c) If alive, give age 5'8 years7. Birth date of deceased (mo., day, yr.) Feb. 4, 18778. AGE: Years 70 Months 10 Days 28 If less than one day

hra. min.

8. Birthplace md.  
(Town, county, and state)10. Usual occupation Labor Foreman

11. Industry or business

12. Name Charles C. Lilley13. Birthplace md.14. Maiden name Mary Elizabeth Kuthley15. Birthplace md.16. Informant Mrs. Agnes Alberta LilleyAddress Harford Grace, Md. R.D. #117. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 4, 1948  
(month) (day) (year)Cemetery or crematory Methodist CemeteryLocation North East Md. Cent Co.R. Madison Mitchell18. Funeral director R. Madison MitchellAddress Harford Grace, Md.19. Jan 1 - 1948 Nellie H. Lilley  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1948 at 10:50 P.M.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from

1948 to Jan 1 1948and that I last saw him alive on Jan 1 1948Immediate cause of death Heart Failure DURATION 3 weeksDue to Hypertensive A.H. Disease 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

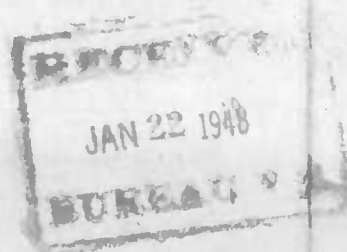
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Daniel P. Dolac, M.D.  
M.D. or other Harford Grace, Md.  
Date signed 3 Jan 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00566

Reg. Dist. No. 183

### 1. PLACE OF DEATH:

County Harford  
City or town Jarrettsville (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 mos.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Harford  
City or town Jarrettsville (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

George C. Marvin

### 3. (b) Social Security Number

4. Sex M. 5. Color or race W 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Amy L. Marvin  
6.(c) If alive, give age 66 years  
7. Birth date of deceased (mo., day, yr.) Sept 14, 1873  
8. AGE: Years 74 Months 4 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Lexington, Mass  
(Town, county, and state)  
10. Usual occupation Teacher  
11. Industry or business Physical training  
12. Name George F. Marvin  
13. Birthplace Hudson, New Hampshire  
14. Maiden name Elizabeth A. Locke  
15. Birthplace Lexington, Mass

16. Informant Mrs Amy L. Marvin  
Address Rocks, Harford Co. Md.  
17. Burial Date thereof Jan 31, 1948  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Lexington  
Location Lexington, Mass  
18. Funeral director Marion G. Kurtz  
Address Jarrettsville, Md.  
19. Jan. 31 1948 Thomas R. Brown  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

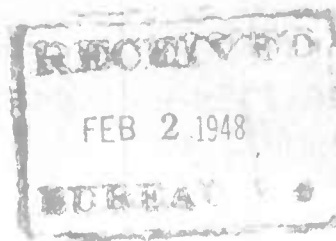
20. DATE OF DEATH Jan 29, 1948 at 3:33 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16, 1948 to Jan 29, 1948  
and that I last saw him alive on Jan 29, 1948.  
Immediate cause of death Coronary Heart Failure  
Due to Hypertensive - arteriosclerotic Heart Disease  
Due to Coronary occlusion  
Other conditions Bronchial Pneumonia  
(Include pregnancy within 3 months of death)  
Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
23. SIGNATURE James Thomas Brown M. D. other \_\_\_\_\_  
Address Jarrettsville, Md. Date signed 1-30-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00567

182

## 1. PLACE OF DEATH:

County.....Harford

City or town.....Bel-air Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

MARCUS H. McCawland  
(McCOSLIN)

## 3. (b) Social Security Number

Mr

4. Sex

Male White

5. Color or race

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ellen C. McCawland

7. Birth date of

deceased (mo., day, yr.)

Oct. 21, 1865

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

78

2

13

hrs.

min.

9. Birthplace

Harford Co., Md.

10. Usual occupation

Farmer

11. Industry or business

Thomson

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, etc.)

Cemetery or crematorium

Location

18. Funeral director

Address

19. Date rec'd by registrar

Jan. 9, 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 8, 1948, at 2:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 7, 1948, to Jan. 8, 1948

and that I last saw him alive on Jan. 8, 1948

Immediate cause of death

Lobar Pneumonia

DURATION

15 hours

Due to

Due to

Other conditions

Erythema, Face

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert Barthel M.D.

M. D. or other

Address

Forest Hill Md.

Date signed 1/8/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
JAN 31 1948  
FIVE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County Harford  
 City or town Harford Grace  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

G. J. M. Merrick

7. Birth date of deceased (mo., day, yr.)

July 25, 1877

6. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

70

5

12

hrs.

min.

9. Birthplace

Harford Co. Md.

(Town, county, and state)

10. Usual occupation

House Duties

11. Industry or business

FATHER  
 MOTHER

12. Name

Dr. David Riley

13. Birthplace

Md.

14. Maiden name

Priscilla Scarborough

15. Birthplace

Md.

16. Informant

Mrs. Mable Titelman

Address

312 N. Linden Ave. Annapolis Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 9, 1948  
(month) (day) (year)

Cemetery or crematory

Southern Cem.

Location

Dutlin Harford Co. Md.

18. Funeral director

R. Madison Mitchell

Address

Harford Grace, Md.

19.

Jan. 9, 1948  
(Date rec'd by registrar)

19.

G. L. Lemis M. D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Harford

City or town

Chesden

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 6<sup>th</sup> 1948 at 7<sup>23</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 31/1947 to Jan 6/1948

and that I last saw him alive on Jan 6/1948

Immediate cause of death

Coronary heart disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John F. Voguera M.D.

M. D. or other

Address

Hospital - H. de Grace

Date signed 1/6/48

RECEIVED

JAN 12 1948

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00569

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County Harford  
 City or town Harri de Grace  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs  
 Hospital, institution, or street address where death occurred:  
624 So. Washington St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Harford  
 City or town Harri de Grace  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 624 So. Washington St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Augustus Number

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

J. Harlan Number

## 7. Birth date of deceased (mo., day, yr.)

Apr. 2, 1867

## 6. (c) If alive, give age

83 years

## 8. AGE:

| Years     | Months   | Days      | If less than one day        |
|-----------|----------|-----------|-----------------------------|
| <u>80</u> | <u>9</u> | <u>23</u> | <u>—</u> hrs. <u>—</u> min. |

## 9. Birthplace

Harri de Grace, Md.

## 10. Usual occupation

House Duties

## 11. Industry or business

Miss Galloway

## 12. Name

Md.

## 13. Birthplace

Henrietta Brown

## 14. Maiden name

Md.

## 15. Birthplace

J. Harlan Number

## 16. Informant

624 So. Washington St. City.

## 17. Burial

Angel Hill

## 18. Cemetery or crematory

Harri de Grace, Md.

## 19. Location

R. Madison Mitchell

## 20. Funeral director

Harri de Grace, Md.

## 21. Signature

Jan. 26, 1948

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

22. DATE OF DEATH Jan. 25, 1948 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3, 1947 to Jan. 20, 1948and that I last saw her alive on Jan. 20, 1948Immediate cause of death Cerebral HemorrhageDue to arterio sclerosisDue to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

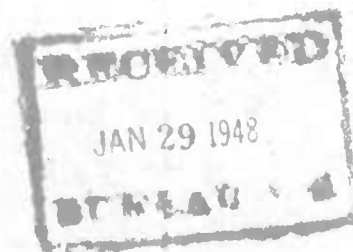
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Harri de Grace, Md. Date signed Jan. 26, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00570

Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County HarfordCity or town Hane de Grace  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Bel air  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Carrie Peaker

## 3. (b) Social Security Number

## 4. Sex

F.

## 5. Color or race

C.

## 6. (a) Single, married, widowed, or divorced

sep.

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

Dec. 31-1892

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

5525

hrs.

min.

## 9. Birthplace

Harford Co. Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

MOTHER FATHER

## 12. Name

Stephen Peaker

## 13. Birthplace

Maryland

## 14. Maiden name

Larah F. White

## 15. Birthplace

Maryland

## 16. Informant

W. J. Peaker

## Address

Edgewood R.D. Md

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

## Cemetery or crematory

Mountain Methodist

## Location

Joppa R.D. Md

## 18. Funeral director

Howard K. McCombs

## Address

Abingdon MarylandJan. 30 1948

(Date rec'd by registrar)

G. L. Lewis M.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26/48 19\_\_\_\_ at 10-A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 21-48 19\_\_\_\_ to Jan. 26-48 19\_\_\_\_and that I last saw him/her alive on Jan. 26-48 19\_\_\_\_

Immediate cause of death

Coma

DURATION

Due to

Diabetes mellitus

Due to

Other conditions

Secondary syphilis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

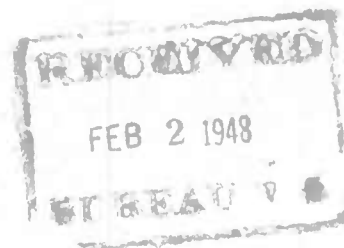
23. SIGNATURE

John F. Voguera M.

M. D. or other

Address

Hane de Grace MdDate signed 1-26-48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00571

Reg. Dist. No. 185

## 1. PLACE OF DEATH:

County HarfordCity or town Harford  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 24 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford  
(If outside city or town limits, write RURAL and give nearest town)Street No. 225 D. Washington  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Mary M. Pennington

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Mrs. J. Pennington (dec)

7. Birth date of deceased (mo., day, yr.)

Sept. 23, 1873

6. (c) If alive, give age years

## 8. AGE:

Years 74 Months 3 Days 8 It less than one day hrs. min.

## 9. Birthplace

Harford  
(Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

## 12. Name

Myrtle Ann

## 13. Birthplace

Harford

## 14. Maiden name

Dorothy E. Pennington

## 15. Birthplace

Harford

## 16. Informant

D. Robert Pennington

## Address

Harford

## 17. Burial

(Burial, cremation, or removal. Which?) Burial Date thereof 1/3/48 (month) (day) (year)

## Cemetery or crematory

Angel Hill

## Location

Harford

## 18. Funeral director

Thos. L. Bryan Jr.

## Address

1512 Hollins Rd. Balto. Md.

## 19. Jan. 2

19 48 G. L. Lewis M.D.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 19 48 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 7 19 47 to Jan 1 19 48and that I last saw her alive on Jan 1 19 48

Immediate cause of death

Optic Atrophy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles J. Foley M.D.Address Harford Date signed 1/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00572

Reg. Dist. No. 181

## 1. PLACE OF DEATH:

County Harford  
 City or town Harre de Grace - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
 City or town Harre de Grace  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rural - #2  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Catherine E. Preston

## 3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Burl Prestonalive

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 22, 1906

8. AGE:

Years

Months

Days

If less than one day

41313

hrs.

min.

9. Birthplace

Harford County, Maryland  
(Town, county, and state)

10. Usual occupation

H.W.

11. Industry or business

Home

MOTHER FATHER

12. Name

Noah Thompson

13. Birthplace

Harford County - Maryland

14. Maiden name

Mary Elizabeth Hankins

15. Birthplace

Harford County - Maryland

16. Informant

Mrs. Burl Preston

Address

Harre de Grace, Md.

17. Burial

Burial

Date thereof

Jan. 8, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Rock Run

Location

Harford County, Maryland

18. Funeral director

H. O. Bailey

Address

Washington, Md.

19. 1-5

19 48Bertha B. Smith

(Date rec'd by registrar)

Registry

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 48 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 5 19 47 to Jan 4 19 48and that I last saw her alive on Jan 4 19 48

Immediate cause of death

General exhaustion

DURATION

Due to Carcinoma of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Lewis MD

M. D. or other

Address Harre de Grace, Md. Date signed 1-5-48

RECEIVED

FEB 4 1948

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 183

00573

938

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 months

Hospital, institution, or street address where death occurred:

Bessie Walters Nursing HomeHow long in hospital or institution? 5 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Virginia Ramsey

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Philip N. Ramsey7. Birth date of deceased (mo., day, yr.) Sept 26 18698. AGE: Years 78 Months 3 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Baltimore Md  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Domestic12. Name Mrs. P. Ramsey13. Birthplace Baltimore Md14. Maiden name Rose Bortol15. Birthplace Baltimore Md16. Informant Thomas R. BrownAddress Baltimore Md17. Burial Date thereof Jan 15 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. John'sLocation St. John's18. Funeral director Thomas R. BrownAddress Baltimore Md19. Jan 13 1948 Thomas R. Brown  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1948 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 19 1947 to Jan 11 1948and that I last saw him alive on January 11 1948Immediate cause of death Cerebral Hemorrhage DURATION 2 hrs.Due to Hypertensive Cardiovascular disease 1 yr.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

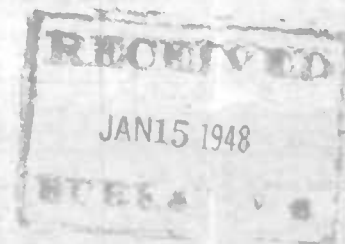
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles Hoff M.D.Address Street, Md Date signed 1-12-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 192

### 1. PLACE OF DEATH:

County Harford  
City or town Bell - air Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 mo  
Hospital, institution, or street address where death occurred:  
Mountain Green Hospital  
How long in hospital or institution? 1 mo

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Harford  
City or town Glendville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Clara Elizabeth Reer

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Benjamin Reer  
alive 6. (c) If alive, give age 81 years  
T. Birth date of deceased (mo., day, yr.) Sept. 2, 1874  
8. AGE: Years 73 Months 4 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1948 at 4:30 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1946 to Jan 29 1948  
and that I last saw her alive on Jan 28 1948

Immediate cause of death Carcinoma of pancreas

### DURATION

3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions pernicious anemia

6 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Willard P. Hudson

M. D. or other \_\_\_\_\_

Address Forest Hill Md Date signed 1/29/48

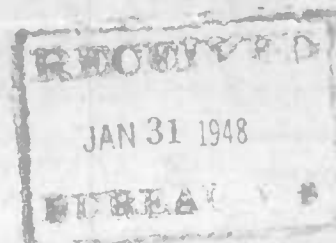
9. Birthplace Harford Co. Md.  
(town, county, and state)  
10. Usual occupation House work  
11. Industry or business at home  
12. Name Janner & Hamby  
13. Birthplace Harford Co. Md.  
14. Maiden name Benjamin Reer  
15. Birthplace Harford Co. Md.  
16. Informant Mrs. Priscilla Patterson  
Address 3009 E. University Parkway  
17. Burial Buried Date thereof Jan 31, 1948  
(Burial, cremation, or removal. Which?) \_\_\_\_\_ (month) (day) (year)  
Cemetery or crematory Calvary  
Location Harford Co. Md.  
18. Funeral director H. S. Bailey  
Address Barlington Md  
19. \_\_\_\_\_ P. Forward  
(Date rec'd by registrar) \_\_\_\_\_ Registrar

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

### 1. PLACE OF DEATH:

County.....Harford  
City or town.....Belt Air, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....3 weeks  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....MD County.....Harford  
City or town.....Dublin Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....MS

### 3. (a) FULL NAME

Reuben Ellsworth Reynolds

### 3. (b) Social Security Number

MS

4. Sex.....Male 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Married

6. (b) Name of husband or wife.....Amanda West Reynolds  
.....Alive 6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.).....Aug. 25, 1863

8. AGE: Years.....84 Months.....4 Days.....18 If less than one day..... hrs. .... min.

9. Birthplace.....Harford Co., Md.  
(Town, county and state)

10. Usual occupation.....Retired

11. Industry or business.....Crop Farmer

12. Name.....Reuben H. Reynolds

13. Birthplace.....Harford Co., Md.

14. Maiden name.....Margaret A. Cunningham

15. Birthplace.....Harford Co., Md.

16. Informant.....Reuben H. Reynolds

Address.....724 George St., Norristown, Pa.

17. (Burial, cremation, or inquest, which?).....Buried Date thereof.....Jan 15, 1948  
(month) (day) (year)

Cemetery or crematory.....Lincoln Cem.

Location.....Montgomery, Calvernia

18. Funeral director.....H. & Bailey

Address.....Harlington, Md.

19. Jan 12 48 19. MS Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan 12 1948 at 4:30 P.  
I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 26 1947 to Jan 12 1948  
and that I last saw him..... alive on Jan 10 1948

Immediate cause of death.....Prostatic Hypertrophy  
with urethral  
Retention

Other conditions.....Ch. Cardiovascular  
Renal Disease  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?

23. SIGNATURE.....Wesley P. Hudson M. D. or other  
Address.....Forest Hill, Md. Date signed.....1/13/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1948

EX-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

005783

## 1. PLACE OF DEATH:

County Harford  
 City or town Janettsville (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Harford  
 City or town Janettsville (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Temperance Slade

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

James J. Slade7. Birth date of deceased (mo., day, yr.) Nov 21 1877

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 70 Months 1 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Rocks  
(Town, county, and state)10. Usual occupation house wife

11. Industry or business

12. Name Mrs J. Watkin13. Birthplace Rocks md.14. Maiden name Melissa A. Stokes15. Birthplace Rocks md16. Informant Raymond E. S. WatkinAddress Chicagoak City md17. Rural Date thereof Jan 6 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BethelLocation Madonna Hundred es md.18. Funeral Director Martin G. HuntAddress Janettsville md19. Jan 6 1948 Thomas R. Brown  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1948 at 4:00 P.<sup>M</sup>

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NOVEMBER 1947 to DEC. 31, 1947and that I last saw him alive on DEC. 31, 1947Immediate cause of death Cerebral Hemorrhage

DURATION

3 daysDue to Hypertensive Cardio Vascular Disease10 years

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus5 yearsAmputation Surgical Left Leg15 months

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Robert Barthel M.D.Address Forest Hill, Md. Date signed 1/5/48

JAN 7 1948

RECEIVED

Please fill out and  
mail to me -  
I Lanke -

Martin L. King

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00577

Reg. Dist. No. 185

## 1. PLACE OF DEATH:

County Harford  
 City or town Harre de Grace  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred  
Harford Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
 City or town Rocke  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Baby Boy Donald Warren Smith

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced infant

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 15<sup>th</sup> 1948 at 6:45 AM

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 12 hrs. 27 min.

9. Birthplace Harre de Grace Md.  
 (Town, county, and state)

10. Usual occupation

ff. Industry or business

12. Name John Walter Smith13. Birthplace Harford Co Md14. Maiden name Virginia Marion Crothers15. Birthplace Philadelphia Pa16. Informant Harold L. CrothersAddress Rocke Md.

17. Burial Date thereat Jan 17-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory JamettvilleLocation Jamettville Md.18. Funeral director Martin SkurtzAddress Jamettville Md.

19. Jan. 15 19 48 A.L. Lewis M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 15<sup>th</sup> 1948 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15<sup>th</sup> 1948 to same 19 same and that I last saw him alive on same 19 same

Immediate cause of death Central respiratory paralysis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

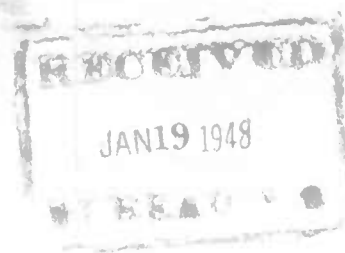
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John F. Noguera M.D.

Address Hospital - Harre de Grace Date signed 1-15-48  
 M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00578 182

|  |  |   |  |
|--|--|---|--|
| <b>1. PLACE OF DEATH:</b><br>County <u>Baltimore</u> <u>Harford</u><br>City or town <u>Belair, Md.</u><br>(If outside city or town limits, write RURAL and give nearest town)<br>How long in above place of death?<br>Hospital, institution, or street address where death occurred:<br>How long in hospital or institution?   |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b><br>(For newborn infants give residence of mother)<br>State <u>Maryland</u> County <u>Baltimore</u><br>City or town <u>Glenarm, Maryland</u><br>(If outside city or town limits, write RURAL and give nearest town)<br>Street No. <u>Mt. Vista Road</u><br>(If rural, give LOCATION)<br>2.(a) If veteran, name war |  |
| <b>3. (a) FULL NAME</b><br><u>Laura</u>  |  | <b>3. (b) Social Security Number</b><br><u>Snyder</u>   |  |
| <b>4. Sex</b><br><u>Female</u>   | <b>5. Color or race</b><br><u>W</u>                | <b>6. (a) Single, married, widowed, or divorced</b><br><u>married</u>   |  |
| <b>6. (b) Name of husband or wife</b><br><u>Edward Snyder</u>  |  |   |  |
| <b>7. Birth date of deceased (mo., day, yr.)</b><br><u>Sept. 14th, 1900</u>  |  |   |  |
| <b>6. (c) If alive, give age</b> ..... years   |  |   |  |
| <b>8. AGE:</b><br>Years <u>47</u><br>Months <u>4</u><br>Days <u>4</u><br>If less than one day ..... hrs. .... min.   |  |   |  |
| <b>9. Birthplace</b><br><u>Baltimore County, Md.</u><br>(Town, county, and state)  |  |   |  |
| <b>10. Usual occupation</b><br><u>at home</u>  |  |   |  |
| <b>11. Industry or business</b>  |  |   |  |
| <b>MOTHER</b><br><b>FATHER</b>   | <b>12. Name</b><br><u>John Horn</u>                |   |  |
|  | <b>13. Birthplace</b><br><u>Baltimore, Md.</u>     |   |  |
|  | <b>14. Maiden name</b><br><u>Catherine Pfeifer</u> |   |  |
| <b>15. Birthplace</b><br><u>Germany</u>  |  |   |  |
| <b>16. Informant</b><br><u>Mr. Edward Snyder</u><br>Address <u>Mt. Vista Rd., Glenarm P.O.</u><br><u>burial</u>  |  |   |  |
| <b>17. (Burial, cremation, or removal. Which?)</b><br>Date thereof <u>1/21/48</u><br>(month) (day) (year)<br>Cemetery or crematory <u>St. Michaels Lutheran</u><br><u>Perry Hall, Md.</u><br>Location <u>Lassahn Funeral Home</u>  |  |   |  |
| <b>18. Funeral director</b><br>Address <u>7401 Belair Road</u><br><u>1/19</u> <u>48</u> <u>A. W. Hedrick</u><br>(Date rec'd by registrar) 19. <u>48</u> Registrar  |  |   |  |
| <b>MEDICAL CERTIFICATION</b><br><b>20. DATE OF DEATH</b> <u>January 18</u> 19 <u>48</u> at <u>10:30</u> M.<br><b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Dec 15</u> 19 <u>47</u> , to <u>Jan 18</u> 19 <u>48</u><br>and that I last saw her alive on <u>Jan 16</u> 19 <u>48</u><br>Immediate cause of death <u>Carcinoma Breast</u><br>DURATION <u>1 year</u><br>Due to .....<br>Due to .....<br>Other conditions .....<br>(Include pregnancy within 3 months of death)<br>Major findings of operations ..... Date of op. ....<br>Autopsy results .....<br>PHYSICIAN: Please underline the cause to which death should be charged statistically.<br><b>22. VIOLENCE:</b> If death was due to external causes, fill in the following:<br>Accident, suicide, or homicide ..... Date of .....<br>Where did injury occur? ..... (City or town) ..... (County) ..... (State) .....<br>Injured at home, farm, industry, public place (where?) .....<br>Means of injury ..... Injured at work? .....<br><b>23. SIGNATURE</b> <u>Gerald C Palmer M.D.</u><br><u>Bel Air, Md.</u> M. D. or other<br>Address ..... Date signed <u>1/21/48</u> |  |   |  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00579

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County Harford  
 City or town Aberdeen Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Harford  
 City or town Aberdeen Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

ELIZA JANE

STANDIFORD

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife John F. Standiford  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Nov. 27 - 1863  
 8. AGE: Years 84 Months 1 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name George A. Clark  
 13. Birthplace Baltimore Md  
 14. Maiden name Mary Ann Cundiff  
 15. Birthplace Baltimore, Md.  
 16. Informant J. W. Standiford  
 Address Aberdeen Md  
 17. Burial Date thereof Jan 23, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Jerusalem Christian Cemetery  
Toppa, Md  
 Location West Archer  
 18. Funeral director Benson Md  
 Address \_\_\_\_\_  
 19. 1/23 48 P. Lowood  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1948 at 8:15P M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1946 to Jan 20 1948  
 and that I last saw him alive on Jan 20, 1948

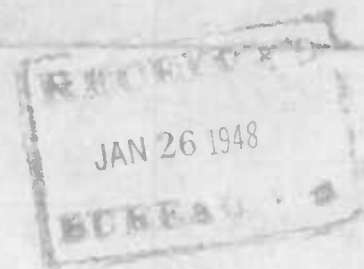
Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
ARTERIOSCLEROTIC  
CARDIO-VASCULAR DISEASE  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE J. W. Causey M.D. M. D. or other \_\_\_\_\_  
 Address Aberdeen, Md. Date signed 1/30/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 00580 181

## 1. PLACE OF DEATH:

County Harford  
 City or town Abert - Aberdeen  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 yrs  
 Hospital, institution, or street address where death occurred  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Harford  
 City or town Abert - Aberdeen  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Carsino Run  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

John C. Stansbury

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary J. Pitt

## 6. (c) If alive, give age

76 years

## 7. Birth date of deceased (mo., day, yr.)

Sept. 3<sup>rd</sup> 1868

## 8. AGE:

Years

Months

Days

If less than one day

7942

hrs.

min.

## 9. Birthplace

Perryman Harford Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Day laborer, Ret. U.S.A.

## 11. Industry or business

FATHER

## 12. Name

Isaac Stansbury

## 13. Birthplace

Perryman, Md.

MOTHER

## 14. Maiden name

Eliya Curtis

## 15. Birthplace

Unknown

## 16. Informant

Mr. Charles A. Stansbury

## Address

Aberdeen, Md. R.D. #2

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 8, 1948  
(month) (day) (year)

## Cemetery or crematory

Union M. E.

## Location

Near Aberdeen

## 18. Funeral director

Henry Tarring & Sons

## Address

Aberdeen, Md.

## 19. Jan 8

(Date rec'd by registrar)

19 48

Nellie H. Riley

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Jan 5<sup>th</sup>19 48at 5:45 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 5<sup>th</sup> 1948 to Jan 4 1948and that I last saw him alive on Jan 4 1948

## Immediate cause of death

Coronary Occlusion

## DURATION

## Due to

Chronic Myocarditis

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Dr. Lewis M.D.

M. D. or other

Date signed 1-6-48

RECEIVED

FEB 2 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00581

Reg. Dist. No. 185

## 1. PLACE OF DEATH:

County HarfordCity or town Havre de Grace  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 0

Hospital, institution, or street address where death occurred:

Harford MemorialHow long in hospital or institution? 0

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HarfordCity or town Havre de Grace  
(If outside city or town limits, write RURAL and give nearest town)Street No. 319 Freedom St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

ORIE LOUIS STANSBURY

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Black Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

Apr. 5, 1947

8. AGE: Years Months Days If less than one day

0 9 7 — hrs. — min.9. Birthplace Havre de Grace Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

12. Name Charles Ralph Stansbury13. Birthplace Md.14. Maiden name Ruth Wittington15. Birthplace Va.16. Informant Charles Ralph StansburyAddress 319 Freedom St. City17. Burial Date thereof Jan. 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Summer's CemLocation Havre de Grace, Md.18. Funeral director R. Madison MitchellAddress Havre de Grace, Md.19. Jan. 13 19 48 G. L. Lewis M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 19 48 at 6 A M

21. I CERTIFY that death occurred on the date above stated; first I attended deceased from

19 —, to 19 —and that I last saw him — alive on 19 —Immediate cause of death BRONCHOPNEUMONIA

DURATION

Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Dr. Ramsey M.D.Address Abolition, Md. Date signed 1/12/48







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RECEIVED  
JAN 6 1948  
BUREAU

*[Faint, illegible handwritten text at the bottom left of the page]*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 0058382

## 1. PLACE OF DEATH:

County Harford  
 City or town Fountain Green Hospital  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 Days  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State md County Harford  
 City or town Bel Air  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (a) FULL NAME

Mary Jane Underwood

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife James O Underwood

7. Birth date of deceased (mo., day, yr.) Sept 17-1867 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Floyd, Va  
 (Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

12. Name David Peters13. Birthplace Va14. Maiden name UNKNOWN15. Birthplace UNKNOWN16. Informant Mrs James HaganAddress Bel Air, Md

17. Burial Date thereof Jan 18/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Churchville PresbyterianLocation Churchville, Md18. Funeral director Jos. T FosterAddress Bel Air Md

19. 1/17 48 Bel Air  
 (Date rec'd by registrar) (Year) (Place)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 19 48 at 8:38 P. M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5 19 47 to Jan 15 19 48  
 and that I last saw him alive on Jan 15 19 48

Immediate cause of death Chr Myocardial Disease 2 yr  
Chr Bronchial Asthma 10 yr

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

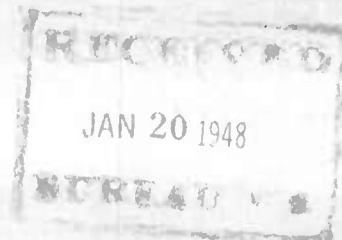
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Willard P Hudson

M. D. or other

Address Forest Hill Date signed 1/14/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County Harford  
 City or town Pylesville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
 City or town Pylesville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Margaret May Vickers

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 8.(b) Name of husband or wife Evin S. Vickers  
 7. Birth date of deceased (mo., day, yr.) May 10 - 1865 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 82 Months 8 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Harford Co. Md.  
(Town, county, and state)10. Usual occupation Housekeeper

## 11. Industry or business

12. Name Nathan B. Carter13. Birthplace Harford Co. Md.14. Maiden name Albina Minnick15. Birthplace Harford Co. Md.16. Informant Melvin VickersAddress Pylesville, Md.17. Burial Date thereof Jan. 16, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rock Spring cemeteryLocation Forest Hill, Md.18. Funeral director Hubert P. HarkinsAddress Delta, Pa.19. Jan. 15, 48 M. W. Clark  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1948, at 7:30 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 28, 1947 to January 14, 1948 and that I last saw him or alive on January 13, 1948Immediate cause of death Cerebral hemorrhage

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James S. Clark M. D. or otherAddress CARDIFF Md Date signed 1-15-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1948

NY 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The font size is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

0058581

## 1. PLACE OF DEATH

County HarfordCity or town Rural Aberdeen  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Rural Aberdeen Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural Chapel Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James Henry Warfield4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband Danow Shiggeard6.(c) If alive, give age 77 years7. Birth date of deceased (mo., day, yr.) Feb. 11 - 18678. AGE: Years 80 Months 11 Days 11 If less than one day

hrs. min.

9. Birthplace Darlington Harford Co Md  
(Town, county, and state)10. Usual occupation Day Laborer11. Industry or business Penk R. A. tracks12. Name Mrs. Warfield13. Birthplace Unknown14. Maiden name Schaler Monk15. Birthplace Unknown16. Informant Mrs. James B. WarfieldAddress Aberdeen Md17. Burial Date thereof Jan. 23 - 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Union M. C.Location near Aberdeen Md18. Funeral director Henry Haring SonsAddress Aberdeen Md19. Jan 21 19 48 Nellie H. Wiley  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 48 8:45 P21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 19 46 to Jan 20 19 48and that I last saw him alive on Jan 10 19 47Immediate cause of death Coronary Vascular Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE KK Bailey M.D. M. D. or otherAddress Aberdeen Md Date signed Jan 21, 1948

RECEIVED

FEB 2 1948

FEB 2 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185

## 1. PLACE OF DEATH

County HarfordCity or town Harford  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

## 3. (a) FULL NAME

Emma C. Ways

## 3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

W.

B. (b) Name of husband or wife

?

7. Birth date of deceased (mo., day, yr.)

?

8. (c) If alive, give age years

1872

8. AGE:

Years

Months

Days

If less than one day

about 75

9. Birthplace

New Spring Lane, Harf. Co. Md.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Manter P. Moore

13. Birthplace

Pa.

MOTHER

14. Maiden name

Rebecca M. Robinson

15. Birthplace

Md.

16. Informant

Mavis Van WertAddress 606 Water St.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/11/48  
(month) (day) (year)

Cemetery or crematory

Angel Hill

Location

Harford Co.

18. Funeral director

Pennington & Son

Address

Harford Co.19. Jan. 10

(Date rec'd by registrar)

19. 48G. L. Lewis m.d.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Harford

City or town

Harford  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

606 Water St.  
(If rural, give LOCATION)

2. (a) If veteran, name war

—

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 919. 48at 230 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept19. 45to Jan 919. 48

and that I last saw her alive on

January 919. 48

Immediate cause of death

Pulmonary edema

DURATION

1 day

Due to

Chronic Passive Congestion1 week

Due to

Carcinoma of Uterus2 years

Other conditions

& Metastasis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

John W. W. W.

M. D. or other

Address

Harford Co. Md.Date signed Jan 10, 48



RECEIVED  
JAN 14 1948  
BT 14 1948

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 181

### 1. PLACE OF DEATH:

County Harford  
City or town Rural - Aberdeen  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Harford  
City or town Rural - Aberdeen  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Calvary  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

John Stump Webster

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Elizabeth Pinkerton  
6. (c) If alive, give age 81 years  
7. Birth date of deceased (mo., day, yr.) June 17, 1873  
8. AGE: Years 74 Months 6 Days 81 If less than one day  
hrs. min.

9. Birthplace Harford Co. Md.  
(Town, county, and state)

10. Usual occupation Farmer - Retired

11. Industry or business

12. Name William Webster

13. Birthplace Harford Co. Md.

14. Maiden name Anna J. Stump

15. Birthplace Princess Anne, Md.

16. Informant Mrs. Elizabeth P. Webster

Address Aberdeen, Md. - R.F.D.

17. Rural Date thereof Jan. 10, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Churchville Presbyterian

Location Churchville Md.

18. Funeral director Henry Tarrington & Sons

Address Aberdeen, Md.

19. Jan. 9 - 1948 Nellie L. Wiley  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8<sup>th</sup> 1948 at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 25 1946 to January 8 1948  
and that I last saw him alive on January 7 1948

Immediate cause of death Multiple deficiency state DURATION 4 mos.

Due to Bronchogenic carcinoma of left lung 21 mos.

Due to

Other conditions Cerebral metastatic carcinoma  
(Include pregnancy within 3 months of death)

Major findings of operations Empyema, left pleural cavity Date of op. July, 46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Auto Injured at work?

23. SIGNATURE W. P. Rodman M.D.

Address 36 W. Bolivar, Aberdeen, Md. Date signed 1/9/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 4 1948

NY 111

107

Reg. Dist. No. .... 183

Address. Chatham, N.J. Date signed. 1/12/41

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 185

## 1. PLACE OF DEATH:

County HanfordCity or town Hane de Grace  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hanford Memorial HospitalHow long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HanfordCity or town Bel Air  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Clinton A. Woods

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Mary C. Woods6. (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.)

Nov. 5-1912

8. AGE:

Years

Months

Days

If less than one day

3023

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Press Man

11. Industry or business

FATHER

12. Name

Harden Woods

13. Birthplace

N.C.

MOTHER

14. Maiden name

Alice Higgins

15. Birthplace

N.C.

16. Informant

Mary C. Woods (wife)

Address

282 Wilson St. Hane de Grace

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

1/10/48  
(month) (day) (year)

Cemetery or crematory

Oak Grove

Location

near Bel Air, Md.

18. Funeral director

Pennington & Penn

Address

2 Hane de Grace

19. Jan. 9

(Date rec'd by registrar)

19. 48

G. L. Lewis M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 8, 1948 at 6:57 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 6, 1948 to Jan. 8, 1948and that I last saw him alive on Jan. 8, 1948

Immediate cause of death

Cerebral hemorrhage  
left parietal lobe

DURATION

3 days

Due to

Due to

Essential hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no operation

Date of op.

Autopsy results

as stated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John F. Noguera M.D.

M. D. or other

Address

Hospital - Hane de Grace Date signed 1-8-48

